

27 June 1972

MEMORANDUM FOR: Deputy Director for Support

SUBJECT : Efforts in the Prevention of Coronary
Artery Disease

REFERENCE : (a) Copy of Extract from DCI Morning
Meeting Minutes of 2 June
(b) Note to DCI from Assistant to the
Director [REDACTED] re Weight
Watchers Club
(c) Memorandum to Executive Director-
Comptroller from Chief, ADP Training
Staff, OCS, Subj: Resource One,
dated 7 June 1972

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I. Obesity

a. The Director's recent remarks regarding weight control are welcome. Our Medical Staff does battle daily with the problem of overweight among our personnel. Comments by the Director from time to time on overweight and other health matters can be most helpful in promoting our common objectives.

b. There is no doubt that overweight contributes to a variety of human ills, among them cardiovascular disease. Daily we hammer away at weight control and proper diet. It is most rewarding for the patient and the physician when such advice is heeded. The patient feels better, looks better and seems to have more energy. Weight reduction alone can reduce blood pressure, lighten the load on the heart and lower elevated blood sugar. A great deal can be accomplished many times through this single effort.

c. Our approach to the problem is varied. The greatest leverage comes through examination for a specific assignment.

SUBJECT: Efforts in the Prevention of Coronary Artery Disease

We disqualify for obesity. We also warn lesser offenders. The best leverage comes through annual examination procedures where wrap-up personal consultations are part of the routine. In addition we provide guidance through our outpatient and consultative services and through our educational efforts.

d. We have not found the problem of obesity to be simple. The condition serves the individual in a variety of ways. As a result, we tend to think that significant weight reduction should preferably be accomplished under a physician's guidance. Customarily, we so recommend. The loss of gratification that results from this regimen can be burdensome and unfortunate in many cases. It is commonplace for such efforts to be temporary. As a general rule, correction of an overweight condition is most successful when accessory medical evidence can point to the need for dietary discretion.

e. It would be helpful if the Director would reiterate his views from time to time that being overweight is unhealthy. Medical efforts can stand such backing. His remarks could help curb some of the overindulgence that goes with a well-fed society and correct any deceptive impression that the Agency might be getting soft. Beyond that, I suggest we proceed gingerly in individual cases.

II. Cardiovascular Disease

a. While overweight deserves attention, it is not our primary medical target. Cardiovascular disease is the major offender. Coronary artery disease is the leading killer. Our efforts are directed in large measure by these facts. The pathogenesis of these conditions is not well understood. There is some indication that dietary control should begin with the young. The disease process seems to begin early in life and to be associated with the nature of the diet. Dietary control in the adult according to this concept is of secondary value. To complicate matters, a variety of other offenders have been uncovered. These include elevated conditions of

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SUBJECT: Efforts in the Prevention of Coronary Artery Disease

cholesterol, blood sugar, triglycerides and blood pressure. More recently, cigarette smoking and sedentary existence have been indicted. In some cases stress appears to play a role. A comprehensive article on this subject appeared in the 1 May 1972 issue of Newsweek, a copy of which is attached.

b. A brief account of our efforts in dealing with cardiovascular disease emphasizes our efforts at early detection. To that end we have gradually acquired early detection equipment, have honed our staff and consultant competence, and have exchanged experiences with experts in the field. These capabilities are cranked into all of our program procedures. As a result, I believe our professional efforts are effective and of acceptable quality.

III. Additional Measures

There are some general areas where we think more can be done.

a. Measurements:

It would be helpful if our Medical Office could quantitatively measure its accomplishments. Leaving out for the moment the difficulty in sorting out the relative contributions of the private physician, the employee and ourselves, there is a great amount of data that could be assembled but is as yet unavailable. Our recently submitted program plans reflect our needs to get a better handle on such measurements of disease incidence and change. Without measurements, it is difficult to state specifically where we are and where we are going. It is hoped that Agency management will share these views and support our efforts in this direction.

b. Services:

At present we are able to offer our examination services on only a limited basis to the Agency. Our submitted program

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SUBJECT: Efforts in the Prevention of Coronary Artery Disease

plans call for extending these services eventually to provide examination opportunities to all personnel on some periodic basis. There are many problems associated with this objective and it will not be accomplished overnight. We need the support of Agency management to move in the planned direction.

c. Participants:

Medicine to be effective must be taken. Our prescriptions at times are not the most attractive. The prescribed formula to lessen the risk of heart disease in an individual is to (1) stop smoking; (2) remain slim; (3) eat a diet low in saturated fats; (4) get regular exercise; (5) drink moderately -- if at all; and (6) get proper rest. (It is also helpful if you are female and if you have ancestors who were free of cardiovascular disease.) This is not the easiest prescription to follow in our land of ease and abundance. The temptations not to follow it are great and of daily occurrence. One of the major problems in medicine is securing the cooperation of the patient. Education is helpful in this respect and we hope to devote more time to this in the future. Attached is a proposed Agency medical newsletter that may contribute to such purpose. (This is an early draft of a document for which changes have already been suggested. The final draft will, it is planned, be presented at a Deputies Meeting.) Other education measures are also possible depending on our resources.

d. One other observation is pertinent. The data base that we have identified and projected in our program plans as desirable may also serve a wider purpose. There is reason to believe that our medical experiences properly organized and analyzed might contribute to a better scientific understanding of the basic cardiovascular disease process. In this, however, our own people would still be the first beneficiaries.

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Orig & 1 - Addressee (W\affs)

Description:

OWE\BBL:JA

SIGNED

JOHN R. TIETJEN M.D.

JOHN R. TIETJEN, M. D.

Director of Medical Services

Attachments

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